



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Maluafiti	Alicia	M	808-224-3648
MAILING ADDRESS (Street)			FAX
91-1012 Kahiuka St.			
(City)	(State)	(Zip Code)	
Ewa Beach	HI	96706	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

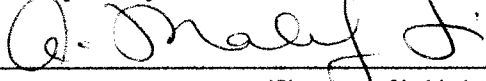
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Association of Realtors		733-7060
MAILING ADDRESS (Street)		FAX
1136 12th Ave.		737-9070
(City)	(State)	(Zip Code)
Honolulu	HI	96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Myoung Oh		733-7060 x104
MAILING ADDRESS (Street)		FAX
1136 12th Ave.		737-9070
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

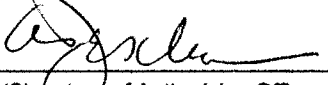


(Signature of Lobbyist)

12/31/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME ANNE DESCHENE		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED EXECUTIVE VICE PRESIDENT	
NAME OF ORGANIZATION (if applicable) HAWAII ASSOCIATION OF REALTORS		TELEPHONE 733-7060 x101	
MAILING ADDRESS (Street) 1136 12TH AVENUE, SUITE 220		FAX 737-9070	
(City) HONOLULU,	(State) HI	(Zip Code) 96816	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		11/05/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	